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NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 09/490834

Total Fee Calculation

Fee Code S.m./Lg.	Total # Claims	Number Entered	X	Fee		Total
				S.m. Entry	Lg. Entry	
Basic Filing Fee <u>201/101</u>						<u>690</u>
Total Claims >20 <u>203/101</u>	<u>10</u>		X			
Independent Claims >3 <u>203/102</u>	<u>4</u>		X			<u>78</u>
Mult. Dep. Claim Present <u>204/104</u>						
Surcharge <u>205/105</u>						<u>130/65</u>
English Translation <u>119</u>						
<u>TOTAL FEE CALCULATION</u>						<u>896</u>

Fees due upon filing the application

Total Filing Fees Due = \$ 898

Less Filing Fees Submitted = \$ 0

BALANCE DUE = \$ 898

SMC
Office of Initial Patent Examination

Figure 7

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

09/490834

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

SMALL ENTITY
TYPE

OTHER THAN
SMALL ENTITY

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	10	minus 20= *
INDEPENDENT CLAIMS	4	minus 3 = * 1
MULTIPLE DEPENDENT CLAIM PRESENT		

RATE	FEES	RATE	FEES
	345.00	OR	690.00
X\$ 9=		OR	X\$18=
X39=	39	OR	X78= 78
+130=		OR	+260=
TOTAL	384	OR	TOTAL 768

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Independent	Minus	=
	* 14		** 20	= —
	Independent	* 4	Minus	*** 4 = —
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		X\$18=	
X39=		X78=	
+130=		+260=	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	0

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Independent	Minus	=
	* 16		** 20	= —
	Independent	* 4	Minus	*** 4 = —
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		X\$18=	
X39=		X78=	
+130=		+260=	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	0

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Independent	Minus	=
	*		**	=
	Independent	*	Minus	*** =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		X\$18=	
X39=		X78=	
+130=		+260=	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	0

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.